



Airlift Northwest Transport of Known or Suspected COVID-19 Patients

Please review Airlift Northwest's protocol for the care of patients with known or suspected COVID-19.

COVID-19 is transmitted by droplet, or by individuals touching surfaces and then touching their face, hands or nose. It can be transmitted via airborne transmission if aerosolizing procedures are being performed.

For transporting patients with known or suspected COVID-19, fixed-wing aircraft is the preferred method for inter-facility transport, with rotary an option if fixed-wing is not possible. We will continue to operate as usual for scene transports and inter-facility transfers with escalation in our PPE measures to prevent transmission.

Patients are considered a suspected COVID-19 patient if they have:

Signs of new respiratory symptoms (new cough, shortness of breath, fevers, myalgias, sore throat) without a clear alternate diagnosis.

Transport

- Fixed-wing aircraft is the preferred method of transport for inter-facility transfer of diagnosed COVID-19 infections.
- Airlift Northwest will continue to provide EMS support for suspected patients with rotor-wing aircraft. All agencies must notify Airlift Northwest dispatch of suspected cases to allow for proper operational planning.
- Airlift Northwest will confirm with referring agency if the local health department or CDC has been contacted.
- No personal items of the patient or passenger will be accepted at this time.
- In general, riders are discouraged. Exceptions can be made on a case by case basis (pediatric transport, etc.).
- Riders should have surgical masks applied at all times during all phases of transport.



Patient

- The patient should don a surgical mask, if not already masked. The mask should stay in place for the duration of the transport unless oxygen supplementation or access to the patient's airway is needed.
- Non-rebreather oxygen masks are the preferred oxygen delivery device, if needed.
- Use "minimal disconnect" procedures for patients being mechanically ventilated. Use closed/in-line suction devices if possible.
- Place ventilator tubing filters as proximal to patient as possible (i.e., between ETT and ventilator tubing). Disconnect distal to the filter.

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